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ATTORNEY DOCKET NO.: 2002P01580WOUS

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

Serial No.: 10/539,816
Filing Date: 12/05/2005
Applicant: Erich Bott et al
Title: VACUUM CLEANER COMPRISING A BASE COMPARTMENT FOR ATTACHMENTS
Date of Deposit August 1, 2008
Type of Document(s) Certificate of Mailing (1 page);
Fee Transmittal Form, Original and Copy (2 pages);
Amendment A (11 pages);
Return postcard.

CERTIFICATE OF MAILING UNDER 37 C.F.R. Section 1.8

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August 1, 2008

Russell W. Warnock

Date of Deposit

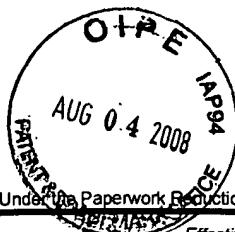
Name of Person Signing

08/05/2008 LLANDGRA 00000052 502786 10539816
01 FC:1615 150.00 DA



Signature
Russell W. Warnock, Reg. No. 32,860
Printed Name

BSH Home Appliances Corporation
100 Bosch Boulevard
New Bern, NC 28562
Phone: 252-672-7927
Fax: 714-845-2807
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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
150.00

Complete If Known

| | |
|----------------------|------------------|
| Application Number | 10/539,816 |
| Filing Date | 12/05/2005 |
| First Named Inventor | Erich Bott et al |
| Examiner Name | David A. Redding |
| Art Unit | 3723 |
| Attorney Docket No. | 2002P01580WOUS |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 502786 Deposit Account Name: BSH Home Appliances Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|---------------------|-----------------|
| 23 - 20 or HP = | 3 | x 50.00 | = 150.00 | 50 | 25 |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| - 3 or HP = | | x 210.00 | = | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | | / 50 = (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

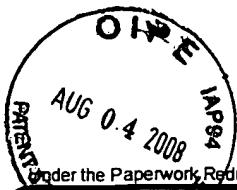
Fees Paid (\$)

SUBMITTED BY

| | | | |
|-------------------|--------------------|---|------------------------|
| Signature | | Registration No. (Attorney/Agent) 32,860 | Telephone 252-672-7927 |
| Name (Print/Type) | Russell W. Warnock | | Date August 1, 2008 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
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| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

| | |
|-----------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|-----------------|-----------------|

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims

| | | |
|---------------------|-----------------|----------------------|
| <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|-----------------|----------------------|

23 - 20 or HP = 3 x 50.00 = 150.00

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

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| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|

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|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

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| |
|-----------------------|
| <u>Fees Paid (\$)</u> |
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